

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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B
OLMS DATA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6656</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Kenneth</u> <u>W</u> <u>Lundgren</u> P.O. Box, Bldg., Room No., if any <u>#18</u> Street <u>13843 Camino Canada</u> City <u>El Cajon</u> State <u>California</u> ZIP Code + 4 <u>92021-9801</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 542</u> Labor Organization File Number <u>038-722</u> P.O. Box, Building and Room Number, if any Street <u>4666 Mission Gorge Place</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92120</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Kenn Lundgren</u>	On <u>08/10/2005</u> Date	<u>619-582-0542</u> Telephone Number

Name of Person Filing Kenneth Lundgren	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Safeguard Health Plans**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 100**

Street **95 Enterprise**

City **Aliso Viejo**

State **California** ZIP Code + 4 **92656-2605**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State **California** ZIP Code + 4

11.a. Nature of such dealing.

Request for proposal for dental plan for Local staff

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf 3/12/04

12.b. Amount.

\$50

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Kenneth Lundgren

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Western Dental Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6th Floor

Street 530 S. Main Street

City Orange

State California ZIP Code + 4 92863

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiego Co. Teamsters Employers Ins. Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino Del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Request for proposal

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lunch 3/9/04

12.b. Amount.

\$26

Name of Person Filing Kenneth Lundgren

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Health Management Center, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 1000

Street 7755 Center Avenue

City Huntington Beach

State California ZIP Code + 4 92647

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiegoCoTeamsters Employers Ins.Trust Fund

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino Del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Request for proposal for health care plans

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and Lunch 4/1/04

12.b. Amount.

\$75

Name of Person Filing Kenneth Lundgren

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name Rx Prescription Solutions

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3515 Harbor Blvd.

City Costa Mesa

State California ZIP Code + 4 92626

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name San Diego Co. Teamsters Employers Ins, Trust

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Request for proposal

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and lunch 7/29/04

12.b. Amount.

\$125

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name vision Service Plan

Trade Name, if any: VSP

P.O. Box, Bldg., Room No., if any Suite 1625

Street 111 West Ocean Blvd.

City Long Beach

State California ZIP Code + 4 90802-4519

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SanDiegoCo.Teamsters EmployersIns.Trust Fund

Trade Name, if any: STEFA

P.O. Box, Bldg., Room No., if any Suite 207

Street 2831 Camino del Rio South

City San Diego

State California ZIP Code + 4 92108

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

USC/UCLA Rose Bowl game 12/4/04

12.b. Amount.

\$175

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pacific Federal

Trade Name, if any: PACFED

P.O. Box, Bldg., Room No., if any Suite 400

Street 1000 North Central Avenue

City Glendale

State California ZIP Code + 4 91202

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Request for information on various health plans.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf and breakfast 4/23/04

12.b. Amount.

\$80

Name of Person Filing Kenneth Lundgren

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name James Matthew Brown

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 2044 First Avenue

City San Diego

State California ZIP Code + 4 92101-2079

9. Business deals with:

☐ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Group Legal Consultants

Trade Name, if any: JC 42 Legal Benefit Plan

P.O. Box, Bldg., Room No., if any P.O. Box 3417

Street

City Burbank

State California ZIP Code + 4 91508-3417

11.a. Nature of such dealing.

Soliciting legal business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Baseball game 6/2/04

12.b. Amount.

\$65

Name of Person Filing Kenneth Lundgren

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State California ZIP Code + 4

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner in Las Vegas 6/4/04

12.b. Amount.

\$112

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name American Union Financial Services

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 420

Street 2 Venture Plaza

City Irvine

State California ZIP Code + 4 92618

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner 6/18/04

12.b. Amount.

\$200

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Soliciting Business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf 7/2/04

12.b. Amount.

\$75

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name New York Life Insurance

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 300

Street 8910 University Center Lane

City San Diego

State California ZIP Code + 4 92122

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Soliciting life insurance and key man insurance business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Golf 8/12/04

12.b. Amount.

\$90

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner 11/6/04

12.b. Amount.

\$125

Name of Person Filing Kenneth Lundgren

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Safeguard Health Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 100

Street 95 Enterprise

City Aliso Viejo

State California ZIP Code + 4 92656-2605

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Soliciting business

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner JC 42 meeting 12/10/04

12.b. Amount.

\$125